



Missouri Pharmacy Program – Preferred Drug List



Angiotensin II Receptor Blockers

Effective 02/10/2005

Revised 01/03/2008

Preferred Agents

- Diovan®
- Cozaar®
- Benicar®
- Avapro®
- Micardis®

Non-Preferred Agents

- Teveten®
- Atacand®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 4 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.